

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597266

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
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49		1					
50		1					
TOTAL IND.	2		↓		↓		↓
TOTAL DEP.	27	↔		↔		↔	
TOTAL CLAIMS	29	██████████	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96							
97							
98							
99							
100							
TOTAL IND.			↓				↓
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████